

## Douglas County BRFSS Questionnaire

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HELLO, I'm \_\_\_\_\_ calling for the Douglas County Health Department and the Kansas Dept. of Health and Environment. We're doing a study of the health practices of Douglas county residents. Your phone number has been chosen randomly by the Kansas Dept. of Health and Environment to be included in the study, and we'd like to ask some questions about things people do which may affect their health.

Is this \_\_\_\_\_ ?      **No**      Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time.      **Stop**

Is this a private residence in Douglas County?      **No**      Thank you very much, but we are only interviewing private residences in Douglas County.      **Stop**

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

**If "1"** Are you the adult?

**If "yes"** Then you are the person I need to speak with. **Go to page 3**

**If "no"** May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?  
Who is the next oldest man who presently lives in this household?  
**Etc.**

Who is the oldest woman who presently lives in this household?  
Who is the next oldest woman who presently lives in this household?  
**Etc.**

The person in your household that I need to speak with is \_\_\_\_\_.  
**If "you," go to page 3**

**To correct respondent** Hello, I'm \_\_\_\_\_ calling for the Douglas County Health Dept. and the Kansas Dept. of Health and Environment. We're doing a study of Douglas County residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

**Section 1: Health Status**

1. Would you say that in general your health is:

**Please Read**

- |    |           |   |
|----|-----------|---|
| a. | Excellent | 1 |
| b. | Very good | 2 |
| c. | Good      | 3 |
| d. | Fair      | 4 |
|    | <b>or</b> |   |
| e. | Poor      | 5 |

<b>Do not read these responses</b>	Don't know/Not Sure	7
	Refused	9

## Section 2: Health Care Access

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- |                                       |   |
|---------------------------------------|---|
| a. Yes                                | 1 |
| b. No Go to Q. 4b (p. 6)              | 2 |
| Don't know/Not sure Go to Q. 7 (p. 7) | 7 |
| Refused Go to Q. 7 (p. 7)             | 9 |

3. Do you have Medicare?

- |  |                          |   |
|--|--------------------------|---|
| <b>Medicare is a coverage plan for people 65 or over and for certain disabled people</b> | a. Yes Go to Q. 7 (p. 7) | 1 |
|  | b. No                    | 2 |
|  | Don't know/not sure      | 7 |
|  | Refused                  | 9 |

4a. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through: **Please Read**

- |    |   |                          |     |
|----|---|--------------------------|-----|
| a. | Your employer   | <b>Go to Q. 6 (p. 7)</b> | 0 1 |
| b. | Someone else's employer   | <b>Go to Q. 6 (p. 7)</b> | 0 2 |
| c. | A plan that you or someone else buys on your own                  | <b>Go to Q. 6 (p. 7)</b> | 0 3 |
| d. | Medicare  | <b>Go to Q. 6 (p. 7)</b> | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] | <b>Go to Q. 6 (p. 7)</b> | 0 5 |
| f. | The military, CHAMPUS, or the VA [or CHAMP-VA]                    | <b>Go to Q. 6 (p. 7)</b> | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service]   | <b>Go to Q. 6 (p. 7)</b> | 0 7 |
| h. | Some other source   | <b>Go to Q. 6 (p. 7)</b> | 0 8 |
|    | None  | <b>Go to Q. 5 (p. 6)</b> | 8 8 |
|    | Don't know/Not sure   | <b>Go to Q. 6 (p. 7)</b> | 7 7 |
|    | Refused   | <b>Go to Q. 6 (p. 7)</b> | 9 9 |

**Do not  
read these  
responses**

4b. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	Go to Q.6 (p. 7)	0 1
	b. Someone else's employer	Go to Q.6 (p. 7)	0 2
	c. A plan that you or someone else buys on your own	Go to Q.6 (p. 7)	0 3
	d. Medicare	Go to Q.6 (p. 7)	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	Go to Q.6 (p. 7)	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	Go to Q.6 (p. 7)	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] or	Go to Q.6 (p. 7)	0 7
	h. Some other source	Go to Q.6 (p. 7)	0 8
Do not read these responses	None		8 8
	Don't know/Not sure	Go to Q. 7 (p. 7)	7 7
	Refused	Go to Q. 7 (p. 7)	9 9

5. About how long has it been since you had health care coverage?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| Go to Q. 7                                      |   |
| b. Within the past year (6 to 12 months ago)    | 2 |
| Go to Q. 7                                      |   |
| c. Within the past 2 years (1 to 2 years ago)   | 3 |
| Go to Q. 7                                      |   |
| d. Within the past 5 years (2 to 5 years ago)   | 4 |
| Go to Q. 7                                      |   |
| e. 5 or more years ago                          | 5 |
| Go to Q. 7                                      |   |
| Don't know/Not sure                             | 7 |
| Go to Q. 7                                      |   |
| Never   | 8 |
| Go to Q. 7                                      |   |
| Refused   | 9 |
| Go to Q. 7                                      |   |

6. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

8. Is there one particular doctor or health professional who you usually go to when you need routine medical care?

If "no," ask "Is there <u>more</u> <u>than one</u> or is there <u>no</u> usual doctor who you go to?"	a. Yes, only one	1
	b. More than one	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

9. About how long has it been since you last visited a doctor for a routine checkup?

**Read Only if Necessary**

a. Within the past year (1 to 12 months ago)	1
b. Within the past 2 years (1 to 2 years ago)	2
c. Within the past 5 years (2 to 5 years ago)	3
d. 5 or more years ago	4
Don't know/Not sure	7
Never	8
Refused	9

### Section 3: Hypertension Awareness

10. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago)    | 2 |
| c. Within the past 2 years (1 to 2 years ago)   | 3 |
| d. Within the past 5 years (2 to 5 years ago)   | 4 |
| e. 5 or more years ago                          | 5 |
| Don't know/Not sure                             | 7 |
| Never <b>Go to Q. 13 (p. 10)</b>                | 8 |
| Refused   | 9 |

11. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- |  |   |
|--|---|
| a. Yes   | 1 |
| b. No <b>Go to Q. 13 (p. 10)</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 13 (p. 10)</b> | 7 |
| Refused <b>Go to Q. 13 (p. 10)</b>             | 9 |

12. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- |                     |   |
|---------------------|---|
| a. More than once   | 1 |
| b. Only once        | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**Section 4: Cholesterol Awareness**

13. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- |  |   |
|--|---|
| a. Yes   | 1 |
| b. No <b>Go to Q. 16 (p. 11)</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 16 (p. 11)</b> | 7 |
| Refused <b>Go to Q. 16 (p. 11)</b>             | 9 |

14. About how long has it been since you last had your blood cholesterol checked?

**Read Only if Necessary**

- |  |   |
|--|---|
| a. Within the past year    (1 to 12 months ago)  | 1 |
| b. Within the past 2 years    (1 to 2 years ago) | 2 |
| c. Within the past 5 years    (2 to 5 years ago) | 3 |
| d. 5 or more years ago                           | 4 |
| Don't know/Not sure                              | 7 |
| Refused  | 9 |

15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**Section 5: Diabetes**

16. Have you ever been told by a doctor that you have diabetes?

If "Yes" and female, ask "Was this only when you were pregnant?"	a. Yes	1
	b. Yes, but female told only during pregnancy	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

## Section 6: Physical Activity

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

17. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- |   |   |
|---|---|
| a. Yes                                  | 1 |
| b. No Go to Q. 27 (p. 15)               | 2 |
| Don't know/Not sure Go to Q. 27 (p. 15) | 7 |
| Refused Go to Q. 27 (p. 15)             | 9 |

18. What type of physical activity or exercise did you spend the most time doing during the past month?

Activity (specify): \_\_\_\_\_  
See coding list A

Refused Go to Q. 22 (p. 13) 9 9

Ask Q. 19 only if answer to Q. 18 is running, jogging, walking, or swimming. All others, go to Q. 20.

19. How far did you usually walk/run/jog/swim?

See coding list B if response is not in miles and tenths	Miles and tenths	—	—	—
	Don't know/Not sure	7	7	7
	Refused	9	9	9

20. How many times per week or per month did you take part in this activity during the past month?

- |                     |   |   |   |
|---------------------|---|---|---|
| a. Times per week   | 1 | — | — |
| b. Times per month  | 2 | — | — |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused             | 9 | 9 | 9 |

21. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Hours and minutes	—	:	—	—
Don't know/Not sure	7		7	7
Refused	9		9	9

22. Was there another physical activity or exercise that you participated in during the last month?

a. Yes	1
b. No Go to Q. 27 (p. 15)	2
Don't know/Not sure Go to Q. 27 (p. 15)	7
Refused Go to Q. 27 (p. 15)	9

23. What other type of physical activity gave you the next most exercise during the past month?

Activity (specify):	—	—
	See coding list A	
Refused Go to Q. 27 (p. 15)	9	9

Ask Q. 24 only if answer to Q. 23 is running, jogging, walking, or swimming. All others go to Q25 (p. 14).

24. How far did you usually walk/run/jog/swim?

See coding  
list B if  
response is  
not in  
miles and  
tenths

Miles and tenths	—	—	.	—
Don't know/Not sure	7		7	7
Refused	9		9	9

25. How many times per week or per month did you take part in this activity?

a. Times per week	1	___	___
b. Times per month	2	___	___
Don't know/Not sure	7	7	7
Refused	9	9	9

26. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Hours and minutes	___	:	___	___
Don't know/Not sure	7	7	7	
Refused	9	9	9	

## Section 7: Seat Belt Use

27. How often do you use seatbelts when you drive or ride in a car?

Would you say: **Please Read**

	a. Always	1
	b. Nearly Always	2
	c. Sometimes	3
	d. Seldom	4
	<b>or</b>	
	e. Never	5
<b>Do not</b>	Don't know/Not sure	7
<b>read these</b>	Never drive or ride in a car	8
<b>responses</b>	Refused	9

28. What is the age of the oldest child in your household under the age of 16?

**Code**  
**<1 yr.**  
**as "01"**

a. Code age in years		
b. No children under age 16	<b>Go to Q. 30 (p. 17)</b>	8 8
Don't know/Not sure	<b>Go to Q. 30 (p. 17)</b>	7 7
Refused	<b>Go to Q. 30 (p. 17)</b>	9 9

29. How often does the [fill in age from Q. 22]-year-old child in your household use a...

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say:     **Please Read**

- |                      |   |
|----------------------|---|
| a. Always            | 1 |
| b. Nearly always     | 2 |
| c. Sometimes         | 3 |
| d. Seldom            | 4 |
| or                   |   |
| e. Never             | 5 |
| Don't know/Not sure  | 7 |
| Never rides in a car | 8 |
| Refused              | 9 |

**Do not  
read these  
responses**

## Section 8: Tobacco Use

30. Have you smoked at least 100 cigarettes in your entire life?

<b>5 packs = 100 ciga- rettes</b>	a. Yes	1
	b. No Go to Q. 35 (p. 19)	2
	Don't know/Not sure Go to Q. 35 (p. 19)	7
	Refused Go to Q. 35 (p. 19)	9

31. Do you now smoke cigarettes everyday, some days, or not at all?

a. Everyday	1
b. Some days Go to Q. 32a	2
c. Not at all Go to Q. 34 (p. 18)	3
Refused Go to Q. 35 (p. 19)	9

32. On the average, about how many cigarettes a day do you now smoke?

<b>1 pack = 20 ciga- rettes</b>	Number of cigarettes Go to Q. 33 (p. 18)	
	Don't know/Not sure Go to Q. 33 (p. 18)	7 7
	Refused Go to Q. 33 (p. 18)	9 9

32a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

<b>1 pack = 20 ciga- rettes</b>	Number of cigarettes Go to Q. 35 (p. 19)	
	Don't know/Not sure Go to Q. 35 (p. 19)	7 7
	Refused Go to Q. 35 (p. 19)	9 9

33. During the past 12 months, have you quit smoking for 1 day or longer?

- |   |   |
|---|---|
| a. Yes Go to Q. 35 (p. 19)              | 1 |
| b. No Go to Q. 35 (p. 19)               | 2 |
| Don't know/Not sure Go to Q. 35 (p. 19) | 7 |
| Refused Go to Q. 35 (p. 19)             | 9 |

34. About how long has it been since you last smoked cigarettes regularly, that is, daily?

**Read Only if Necessary**

- |   |     |
|---|-----|
| a. Within the past month (0 to 1 month ago)     | 0 1 |
| b. Within the past 3 months (1 to 3 months ago) | 0 2 |
| c. Within the past 6 months (3 to 6 months ago) | 0 3 |
| d. Within the past year (6 to 12 months ago)    | 0 4 |
| e. Within the past 5 years (1 to 5 years ago)   | 0 5 |
| f. Within the past 15 years (5 to 15 years ago) | 0 6 |
| g. 15 or more years ago                         | 0 7 |
| Don't know/Not sure                             | 7 7 |
| Never smoked regularly                          | 8 8 |
| Refused   | 9 9 |

## Section 9: Smokeless Tobacco Use

35. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

<b>Probe for chewing tobacco, snuff, or both</b>	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither <b>Go to Q. 37 (p. 20)</b>	4
	Don't know/Not sure <b>Go to Q. 37 (p. 20)</b>	7
	Refused <b>Go to Q. 37 (p. 20)</b>	9

36. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?

<b>"Yes" includes occa- sional use</b>	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

**Section 10: Demographics**

37. What is your age?

Code age in years

Don't know/Not sure 0 7

Refused 0 9

38. What is your race?

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

**or**

e. Other: (specify)\_\_\_\_\_ 5

**Do not** Don't know/Not sure 7**read these****responses** Refused 9

39. Are you of Spanish or Hispanic origin?

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

40. Are you:

**Please Read**

- |                                    |   |
|------------------------------------|---|
| a. Married                         | 1 |
| b. Divorced                        | 2 |
| c. Widowed                         | 3 |
| d. Separated                       | 4 |
| e. Never been married              | 5 |
| <b>or</b>                          |   |
| f. A member of an unmarried couple | 6 |
| Refused                            | 9 |

41. How many children live in your household who are...

**Please Read**

**Code 1-9**  
**7 = 7 or more**  
**8 = None**  
**9 = Refused**

- |                             |
|-----------------------------|
| a. less than 5 years old?   |
| b. 5 through 12 years old?  |
| c. 13 through 17 years old? |

42. What is the highest grade or year of school you completed?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Never attended school or only kindergarten                   | 1 |
| b. Grades 1 through 8 (Elementary)                              | 2 |
| c. Grades 9 through 11 (Some high school)                       | 3 |
| d. Grade 12 or GED (High school graduate)                       | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate)                   | 6 |
| Refused   | 9 |

43. Are you currently:

**Please Read**

- |                                     |   |
|-------------------------------------|---|
| a. Employed for wages               | 1 |
| b. Self-employed                    | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker                        | 5 |
| f. Student                          | 6 |
| g. Retired                          | 7 |
| or                                  |   |
| h. Unable to work                   | 8 |
| Refused                             | 9 |

44. Is your annual household income from all sources:

**Read as Appropriate**

- |  |   |     |
|--|---|-----|
| <b>If respondent refuses at any income level, code refused</b> | a. Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000)  | 0 4 |
|  | b. Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000) | 0 3 |
|  | c. Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000) | 0 2 |
|  | d. Less than \$10,000 If "no," code c   | 0 1 |
|  | e. Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000)                   | 0 5 |
|  | f. Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000)                   | 0 6 |
|  | g. Less than \$75,000 If "no," code h (\$50,000 to \$75,000)                            | 0 7 |
|  | h. \$75,000 or more   | 0 8 |
| <b>Do not read these responses</b>                             | Don't know/Not sure   | 7 7 |
|  | Refused   | 9 9 |

45. About how much do you weigh without shoes?

<b>Round fractions up</b>	Weight	pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

46. About how tall are you without shoes?

<b>Round fractions down</b>	Height	<u>    </u> /ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9

47. What is your zip code?

Zip code	
Don't know/not sure	7 7 7 7 7
Refused	9 9 9 9 9

48. Do you have more than one telephone number in your household?

a. Yes	1
b. No <b>Go to Q. 50</b>	2
Refused <b>Go to Q. 50</b>	9

49. How many residential telephone numbers do you have?

<b>Exclude ded- icated fax and computer lines</b>	Total telephone numbers <b>[8=8 or more]</b>	
	Refused	9

50. Indicate sex of respondent. **Ask Only if Necessary**

Male <b>Go to Q. 62 (p. 28)</b>	1
Female	2

## Section 11: Women's Health

These next few questions ask about medical exams you may have received.

51. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- |  |   |
|--|---|
| a. Yes   | 1 |
| b. No <b>Go to Q. 54 (p. 25)</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 54 (p. 25)</b> | 7 |
| Refused <b>Go to Q. 54 (p. 25)</b>             | 9 |

52. How long has it been since you had your last mammogram?

### **Read only if Necessary**

- |  |   |
|--|---|
| a. Within the past year    (1 to 12 months ago)  | 1 |
| b. Within the past 2 years    (1 to 2 years ago) | 2 |
| c. Within the past 3 years    (2 to 3 years ago) | 3 |
| d. Within the past 5 years    (3 to 5 years ago) | 4 |
| e. 5 or more years ago                           | 5 |
| Don't know/Not sure                              | 7 |
| Refused  | 9 |

53. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

- |                                     |   |
|-------------------------------------|---|
| a. Routine checkup                  | 1 |
| b. Breast problem other than cancer | 2 |
| c. Had breast cancer                | 3 |
| Don't know/Not sure                 | 7 |
| Refused                             | 9 |

54. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

- |  |   |
|--|---|
| a. Yes   | 1 |
| b. No <b>Go to Q. 57 (p. 26)</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 57 (p. 26)</b> | 7 |
| Refused <b>Go to Q. 57 (p. 26)</b>             | 9 |

55. How long has it been since your last breast exam?

**Read Only if Necessary**

- |  |   |
|--|---|
| a. Within the past year    (1 to 12 months ago)  | 1 |
| b. Within the past 2 years    (1 to 2 years ago) | 2 |
| c. Within the past 3 years    (2 to 3 years ago) | 3 |
| d. Within the past 5 years    (3 to 5 years ago) | 4 |
| e. 5 or more years ago                           | 5 |
| Don't know/Not sure                              | 7 |
| Refused  | 9 |

56. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

- |                                     |   |
|-------------------------------------|---|
| a. Routine Checkup                  | 1 |
| b. Breast problem other than cancer | 2 |
| c. Had breast cancer                | 3 |
| Don't know/Not sure                 | 7 |
| Refused                             | 9 |

57. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

- a. Yes 1
- b. No Go to Q. 60 (p. 27) 2
- Don't know/Not sure Go to Q. 60 (p. 27) 7
- Refused Go to Q. 60 (p. 27) 9

58. How long has it been since you had your last Pap smear?

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

59. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

60. Have you had a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb)

- |        |                     |   |
|--------|---------------------|---|
| a. Yes | Go to Q. 62 (p. 28) | 1 |
| b. No  |                     | 2 |
|        | Don't know/Not sure | 7 |
|        | Refused             | 9 |

If respondent 45 years old or older, go to Q. 62 (p. 28).

61. To your knowledge, are you now pregnant?

- |        |                     |   |
|--------|---------------------|---|
| a. Yes |                     | 1 |
| b. No  |                     | 2 |
|        | Don't know/Not sure | 7 |
|        | Refused             | 9 |

**Section 12: Immunization**

62. During the past 12 months, have you had a flu shot?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

63. Have you ever had a pneumonia vaccination?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

### Section 13: HIV/AIDS

If respondent is 65 years old or older, go to Module 13 (p. 33).

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

64. What are your chances of getting infected with HIV, the virus that causes AIDS?

Would you say:	Please Read	
a. High		1
b. Medium		2
c. Low		3
or		
d. None		4
Not applicable (Have HIV)	Go to Q. 66 (p. 29)	5
Don't know/Not sure		7
Refused		9

Do not  
read these  
responses

65. Have you ever had your blood tested for HIV?

a. Yes		1
b. No	Go to Q. 70 (p. 33)	2
Don't know/Not sure	Go to Q. 70 (p. 33)	7
Refused	Go to Q. 70 (p. 33)	9

66. When was your last blood test for HIV?

Code month and year				
Don't know/Not sure	<u>7</u>	<u>7</u>	/	7 7
Refused	9	9	9	9

67. What was the main reason you had your last blood test for HIV?

Reason code

**Read only if necessary**

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

68. Where did you have your last blood test for HIV?

Facility Code

**Read only if necessary**

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

69. Did you receive the results of your last test?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**Module 1: Disability**

These next questions are about limitations you may have in your daily life.

70. How often do you get the social and emotional support you need?

Would you say: **Please Read**

- |                     |   |
|---------------------|---|
| a. Always           | 1 |
| b. Usually          | 2 |
| c. Sometimes        | 3 |
| d. Rarely           | 4 |
| <b>or</b>           |   |
| e. Never            | 5 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

71. In general, how satisfied are you with your life?

Would you say: **Please Read**

- |                      |   |
|----------------------|---|
| a. Very Satisfied    | 1 |
| b. Satisfied         | 2 |
| c. Dissatisfied      | 3 |
| <b>or</b>            |   |
| d. Very Dissatisfied | 4 |
| Don't Know/Not sure  | 7 |
| Refused              | 9 |

72. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

73. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

74. If you use special equipment or help from others to get around, what type do you use?

**Code up to three responses**  
**Code 99 if there is not additional help needed**  
**for 2nd and 3rd response**

- |  |           |     |
|--|-----------|-----|
| a.    ___  | b.    ___ | c.  |
| a. No special equipment or help used <b>Go to Q. 76</b>  |           | 0 1 |
| b. Other people  |           | 0 2 |
| c. Cane or walking stick   |           | 0 3 |
| d. Walker  |           | 0 4 |
| e. Crutch or crutches  |           | 0 5 |
| f. Manual Wheelchair   |           | 0 6 |
| g. Motorized Wheelchair  |           | 0 7 |
| h. Electric mobility scooter   |           | 0 8 |
| i. Artificial leg  |           | 0 9 |
| j. Brace   |           | 1 0 |
| k. Service animal [i.e., guide dog or other animal specifically trained to provide assistance] |           | 1 1 |
| l. Oxygen/Special breathing equipment  |           | 1 2 |
| m. Other (Specify:_____)   |           | 1 3 |
| Don't know/Not sure <b>Go to Q. 75</b>   |           | 7 7 |
| Refused <b>Go to Q. 75</b>   |           | 9 9 |

75. Using special equipment or help, what is the farthest distance that you can go? Would you say:

**Please Read**

- |  |   |
|--|---|
| a. Across a small room                 | 1 |
| b. About the length of a typical house | 2 |
| c. About one to two city blocks        | 3 |
| d. About one mile                      | 4 |
| e. More than one mile                  | 5 |
| Don't know/Not sure                    | 7 |
| Refused                                | 9 |

76. What is farthest distance that you can walk by yourself, without any special equipment or help from others? Would you say:

**Please Read**

- |  |   |
|--|---|
| a. Unable to walk                      | 1 |
| b. Across a small room                 | 2 |
| c. About the length of a typical house | 3 |
| d. About one or two city blocks        | 4 |
| e. About one mile                      | 5 |
| f. More than one mile                  | 6 |
| Don't know/Not sure                    | 7 |
| Refused                                | 9 |

**Module 16: Quality of Life**

These next questions are about limitations you may have in your daily life.

77. Are you limited in any way in any activities because of any impairment or health problem?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

If Q. 72, Q. 73, or Q. 77 are "Yes" or Q. 74 is coded 2 through 13 then skip to Q. 78 else go to Q. 82 (p. 38)

78. What is the major impairment or health problem that limits your activities?

Reason Code

**Read Only if Necessary**

- |   |     |
|---|-----|
| a. Arthritis/rheumatism                 | 0 1 |
| b. Back or neck problem                 | 0 2 |
| c. Fractures, bone/joint injury         | 0 3 |
| d. Walking problem                      | 0 4 |
| e. Lung/breathing problem               | 0 5 |
| f. Hearing problem                      | 0 6 |
| g. Eye/vision problem                   | 0 7 |
| h. Heart problem                        | 0 8 |
| i. Stroke problem                       | 0 9 |
| j. Hypertension/high blood pressure     | 1 0 |
| k. Diabetes                             | 1 1 |
| l. Cancer                               | 1 2 |
| m. Depression/anxiety/emotional problem | 1 3 |
| n. Other impairment/problem             | 1 4 |
| Don't know/Not sure                     | 7 7 |
| Refused                                 | 9 9 |

79. For how long have your activities been limited because of your major impairment or health problem?

- |                     |   |   |   |
|---------------------|---|---|---|
| a. Days             | 1 |   |   |
| b. Weeks            | 2 |   |   |
| c. Months           | 3 |   |   |
| d. Years            | 4 |   |   |
| Don't know/Not Sure | 7 | 7 | 7 |
| Refused             | 9 | 9 | 9 |

80. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- |                     |   |  |  |
|---------------------|---|--|--|
| a. Yes              | 1 |  |  |
| b. No               | 2 |  |  |
| Don't know/Not sure | 7 |  |  |
| Refused             | 9 |  |  |

81. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- |                     |   |  |  |
|---------------------|---|--|--|
| a. Yes              | 1 |  |  |
| b. No               | 2 |  |  |
| Don't know/Not sure | 7 |  |  |
| Refused             | 9 |  |  |

82. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

- |                     |   |   |
|---------------------|---|---|
| a. Number of days   |   |   |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |

83. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

- |                     |   |   |
|---------------------|---|---|
| a. Number of days   | — | — |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |

84. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

- |                     |   |   |
|---------------------|---|---|
| a. Number of days   | — | — |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |

85. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

- |                     |   |   |
|---------------------|---|---|
| a. Number of days   |   |   |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |

86. During the past 30 days, for about how many days have you felt very healthy and full of energy?

a. Number of days	—	—
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

**Module 1: Disability (con't)**

87. Is there anyone/anyone else in your household who is limited in any activities because of any impairment or health problem?

- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Next Module</b>               | 2 |
| Don't know/Not Sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |

88. How old are these people?

**Code 99 if nobody else in the household is limited**

- a. Specify age:
- b. Specify age:
- c. Specify age:
- d. Specify age:
- e. Specify age:

## Module 2: Health Care Coverage

If "Dk/Ns" or "Refused" to core Q. 2, go to next module.

I asked you previously about your health care coverage.

If "None" to Q. 4a or Q. 4b, continue. Otherwise,  
go to Q. 2 (p. 42).

1. What is the main reason you are without health care coverage?

- |   |     |
|---|-----|
| a. Lost job or changed employers<br>Go to Next Module   | 0 1 |
| b. Spouse or parent lost job or changed employers<br>[includes any person who had been providing<br>insurance prior to job loss or change]<br>Go to Next Module | 0 2 |
| c. Became divorced or separated Go to Next<br>Module  | 0 3 |
| d. Spouse or parent died Go to Next Module  | 0 4 |
| e. Became ineligible because of age or because<br>left school Go to Next Module   | 0 5 |
| f. Employer doesn't offer or stopped offering<br>coverage Go to Next Module   | 0 6 |
| g. Cut back to part time or became temporary<br>employee Go to Next Module  | 0 7 |
| h. Benefits from employer or former employer ran<br>out Go to Next Module   | 0 8 |
| i. Couldn't afford to pay the premiums<br>Go to Next Module   | 0 9 |
| j. Insurance company refused coverage<br>Go to Next Module  | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility<br>Go to Next Module   | 1 1 |
| l. Other Go to Next Module  | 8 7 |
| Don't know/Not sure Go to Next Module   | 7 7 |
| Refused Go to Next Module   | 9 9 |

2. Other than [fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from Q. 3, Q. 4a, or Q. 4b], do you have any other type of health care coverage?

Do not  
include  
plans that  
only cover  
one type of  
service or  
care

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

If respondent 66 years old or older, go to next module.  
If respondent answered "no", "don't know", or "refused" to Q. 6 the go to next module.

3. What was the main reason you were without health care coverage?

- |  |     |
|--|-----|
| a. Lost job or changed employers   | 0 1 |
| b. Spouse or parent lost job or changed employers<br>[includes any person who had been providing<br>insurance prior to job loss or change] | 0 2 |
| c. Became divorced or separated  | 0 3 |
| d. Spouse or parent died   | 0 4 |
| e. Became ineligible because of age or because<br>left school  | 0 5 |
| f. Employer doesn't offer or stopped offering<br>coverage  | 0 6 |
| g. Cut back to part time or became temporary<br>employee   | 0 7 |
| h. Benefits from employer or former employer ran<br>out  | 0 8 |
| i. Couldn't afford to pay the premiums   | 0 9 |
| j. Insurance company refused coverage  | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility   | 1 1 |
| l. Other   | 8 7 |
| Don't know/Not sure  | 7 7 |
| Refused  | 9 9 |

### Module 3: Health Care Utilization

Now I am going to ask you some questions about the health care you receive.

1. How would you rate your satisfaction with your overall health care?

Would you say: **Please read**

- |  |   |
|--|---|
| a. Excellent                                 | 1 |
| b. Very Good                                 | 2 |
| c. Good                                      | 3 |
| d. Fair                                      | 4 |
| <b>or</b>                                    |   |
| e. Poor                                      | 5 |
| Not applicable/don't use any health services | 8 |
| Don't know/Not sure                          | 7 |
| Refused                                      | 9 |

**Do not  
read these  
responses**

2. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

- |   |   |
|---|---|
| a. Yes <b>Go to Q. 4 (p. 45)</b>                | 1 |
| b. More than one place <b>Go to Next Module</b> | 2 |
| c. No <b>Go to Q. 3 (p. 44)</b>                 | 3 |
| Don't know/Not sure <b>Go to Next Module</b>    | 7 |
| Refused <b>Go to Next Module</b>                | 9 |

3. What is the main reason you do not have a usual source of medical care?

- |  |     |
|--|-----|
| a. Two or more usual places  | 0 1 |
| b. Have not needed a doctor <b>Go to Next Module</b>                         | 0 2 |
| c. Do not like/trust/believe in doctors<br><b>Go to Next Module</b>          | 0 3 |
| d. Do not know where to go <b>Go to Next Module</b>                          | 0 4 |
| e. Previous doctor is not available/moved<br><b>Go to Next Module</b>        | 0 5 |
| f. No insurance/cannot afford <b>Go to Next Module</b>                       | 0 6 |
| g. Speak a different language <b>Go to Next Module</b>                       | 0 7 |
| h. No place is available/close enough/convenient<br><b>Go to Next Module</b> | 0 8 |
| i. Other <b>Go to Next Module</b>  | 0 9 |
| Don't know/Not sure <b>Go to Next Module</b>                                 | 7 7 |
| Refused <b>Go to Next Module</b>   | 9 9 |

4. Where do you go most often when you are sick or need advice about your health -- a clinic, a health center, a hospital, a doctor's office, or some other place?

a. Doctor's office or private clinic	0 1
b. Company or school health clinic/center	0 2
c. Community/migrant/rural clinic/center	0 3
d. County/city/public hospital outpatient clinic	0 4
e. Private/other hospital outpatient clinic	0 5
f. Hospital emergency room	0 6
g. HMO/prepaid group	0 7
h. Psychiatric hospital or clinic	0 8
i. VA hospital or clinic	0 9
j. Military health care facility	1 0
k. Some other kind of place	1 1
Don't know/Not sure	7 7
Refused	9 9

5. Thinking of the distance or time you travel to get to the place you usually go to, how would you rate the convenience of that place?

Would you say: **Please read**

a. Excellent	1
b. Very Good	2
c. Good	3
d. Fair	4
<b>or</b>	
e. Poor	5
Don't have usual place	6
Don't know/Not sure	7
Refused	9

**Do not  
read these  
responses**

**Module 4: Oral Health**

1. How long has it been since you last visited the dentist or a dental clinic?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  |   |
| <b>Go to Q. 3 (p. 47)</b>                     | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago                        | 4 |
| Don't know/Not sure <b>Go to Q. 3 (p. 47)</b> | 7 |
| Never   | 8 |
| Refused <b>Go to Q. 3 (p. 47)</b>             | 9 |

2. What is the main reason you have not visited the dentist in the last year?

Reason code — —

**Read only if necessary**

- |   |     |
|---|-----|
| a. Fear, apprehension, nervousness, pain, dislike going   | 0 1 |
| b. Cost   | 0 2 |
| c. Do not have/know a dentist   | 0 3 |
| d. Cannot get to the office/clinic (too far away, no transportation, no appointments available) | 0 4 |
| e. No reason to go (no problems, no teeth)  | 0 5 |
| f. Other priorities   | 0 6 |
| g. Have not thought of it   | 0 7 |
| h. Other  | 0 8 |
| Don't know/Not sure   | 7 7 |
| Refused   | 9 9 |

3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

a. 5 or fewer	1
b. 6 or more but not all	2
c. All	3
d. None	8
Don't know/Not sure	7
Refused	9

4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

5. Are you currently in need of any dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal?

**If 'Yes'  
probe for  
which  
services.**

a. Yes, fillings, caps or crowns, or root canal	1
b. Yes, teeth pulled, dentures or partials	2
c. Yes, both	3
d. No	4
Don't know/Not sure	7
Refused	9

## Module 5: Preventive Counseling Services

The next questions are about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

1. Has a doctor or other health professional ever talked with you about your diet or eating habits?

<b>If yes, ask "About how long ago was it?"</b>	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

2. Has a doctor or other health professional ever talked with you about physical activity or exercise?

<b>If yes, ask "About how long ago was it?"</b>	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

3. (Has a doctor or other health professional ever talked with you) about injury prevention, such as safety belt use, helmet use, or smoke detectors?

<b>If yes, ask "About how long ago was it?"</b>	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

4. (Has a doctor or other health professional ever talked with you) about drug abuse?

**If yes,**  
**ask "About**  
**how long ago**  
**was it?"**

a. Yes, within the past 12 months (1 to 12 months ago)	1
b. Yes, within the past 3 years (1 to 3 years ago)	2
c. Yes, 3 or more years ago	3
d. No	4
Don't know/Not sure	7
Refused	9

5. (Has a doctor or other health professional ever talked with you) about alcohol use?

**If yes,**  
**ask "About**  
**how long ago**  
**was it?"**

a. Yes, within the past 12 months (1 to 12 months ago)	1
b. Yes, within the past 3 years (1 to 3 years ago)	2
c. Yes, 3 or more years ago	3
d. No	4
Don't know/Not sure	7
Refused	9

**If "No" to Q. 30 or "Not at all" to Q. 31, go to Q. 7 (p. 50)**

6. (Has a doctor or other health professional) ever advised you to quit smoking?

**If yes,**  
**ask "About**  
**how long ago**  
**was it?"**

a. Yes, within the past 12 months (1 to 12 months ago)	1
b. Yes, within the past 3 years (1 to 3 years ago)	2
c. Yes, 3 or more years ago	3
d. No	4
Don't know/Not sure	7
Refused	9

**If respondent 65 years old or older, go to next module**

7. (Has a doctor or other health professional) ever talked with you about your sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?

<b>If yes, ask "About how long ago was it?"</b>	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

**Module 6: Weight Control**

1. Are you now trying to lose weight?

- |  |   |
|--|---|
| a. Yes                                 | 1 |
| b. No Go to Q. 4 (p. 52)               | 2 |
| Don't know/Not sure Go to Q. 4 (p. 52) | 7 |
| Refused Go to Q. 4 (p. 52)             | 9 |

2. Are you eating either fewer calories or less fat to lose weight?

- |                                |                                     |   |
|--------------------------------|-------------------------------------|---|
| <b>Probe<br/>for<br/>which</b> | a. Yes, fewer calories              | 1 |
|                                | b. Yes, less fat                    | 2 |
|                                | c. Yes, fewer calories and less fat | 3 |
|                                | d. No                               | 4 |
|                                | Don't know/Not sure                 | 7 |
|                                | Refused                             | 9 |

3. Are you using physical activity or exercise to... lose weight?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

4. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?

- |                                |                                 |   |
|--------------------------------|---------------------------------|---|
| <b>Probe<br/>for<br/>which</b> | a. Yes, lose weight             | 1 |
|                                | b. Yes, gain weight             | 2 |
|                                | c. Yes, maintain current weight | 3 |
|                                | d. No                           | 4 |
|                                | Don't know/Not sure             | 7 |
|                                | Refused                         | 9 |

**Module 7: Alcohol Consumption**

1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
  - a. Yes 1
  - b. No **Go to Next Module** 2
  - Don't know/Not sure **Go to Next Module** 7
  - Refused **Go to Next Module** 9
  
2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?
  - a. Days per week 1
  - b. Days per month 2
  - Don't know/Not sure **Go to Q. 4** 7 7 7
  - Refused **Go to Q. 4** 9 9 9
  
3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?
 

Number of drinks

Don't know/Not sure 7 7

Refused 9 9
  
4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
  - a. Number of times
  - b. None 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9

5. During the past month, how many times have you driven when you've had perhaps too much to drink?

a. Number of times

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

**Module 8: Injury**

1. During the past year, have you suffered an injury serious enough to keep you from doing your regular activities for at least one day?

- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Next Module</b>               | 2 |
| Don't know/Not Sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |

For these next few questions, if you have suffered more than one injury within the last year, please respond for the most serious injury you suffered during the past year.

2. Did your injury occur while you were at work?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

3. Where did your injury occur?

- |                            |     |
|----------------------------|-----|
| a. Home                    | 0 1 |
| b. Farm/Ranch              | 0 2 |
| c. Public building         | 0 3 |
| d. Industrial place        | 0 4 |
| e. Street/highway/road     | 0 5 |
| f. Mine/Quarry             | 0 6 |
| g. Recreational place      | 0 7 |
| h. Residential institution | 0 8 |
| i. Other (specify:_____)   | 0 9 |
| Don't Know/Not sure        | 7 7 |
| Refused                    | 9 9 |

4. What was the main cause of your injury?

- |                                 |     |
|---------------------------------|-----|
| a. Fall                         | 0 1 |
| b. Fire/burn                    | 0 2 |
| c. Cut/pierce                   | 0 3 |
| d. Firearm                      | 0 4 |
| e. Machinery                    | 0 5 |
| f. Motor vehicle crash          | 0 6 |
| g. Other form of transportation | 0 7 |
| h. Poisoning                    | 0 8 |
| i. Suffocation                  | 0 9 |
| j. Overexertion                 | 1 0 |
| k. Fight/Physical assault       | 1 1 |
| l. Other (Specify:_____)        | 1 2 |
| Don't know/Not sure             | 7 7 |
| Refused                         | 9 9 |

5. Was your injury inflicted on purpose by yourself or someone else?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

6. Did you receive treatment from a health professional for your injury?

- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Next Module</b>               | 2 |
| Don't know/Not Sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |

7. Where did you receive treatment for your injury?

Was it an: **Please Read**

- |   |   |
|---|---|
| a. Emergency room or urgent care center | 1 |
| b. Hospital                             | 2 |
| c. Doctor's Office or HMO               | 3 |
| d. Health clinic or walk-in center      | 4 |
| e. Dentist or dental clinic             | 5 |
| <b>or</b>                               |   |
| f. Some other place                     | 6 |
| Don't Know/Not sure                     | 7 |
| Refused                                 | 9 |

**Module 9: Passive Smoke**

1. Including yourself, how many persons in your household are current cigarette smokers?
  - a. Number of current smokers (6 = 6 or more)
  - b. None **Go to Q. 3 (p. 58)** 8
  - Don't know/Not Sure **Go to Q. 3 (p. 58)** 7
  - Refused **Go to Q. 3 (p. 58)** 9
  
2. How many persons smoke inside the home?
  - a. Number of smokers who smoke inside (6 = 6 or more)
  - b. None 8
  - Don't know/Not Sure 7
  - Refused 9
  
3. Do you work outside the home?
  - a. Yes 1
  - b. No **Go to Q. 5 (p. 59)** 2
  - Don't know/Not Sure **Go to Q. 5 (p. 59)** 7
  - Refused **Go to Q. 5 (p. 59)** 9
  
4. Which of the following best describes the policy about smoking at your work place?

**Please Read**

- a. No smoking allowed inside 1
- b. Smoking restricted to a few designated areas 2
- c. Smoking allowed in most places except where posted 3
- d. No policy regarding smoking 4
- Don't know/Not sure 7
- Refused 9

5. I'm going to read a list of areas used by the general public for various indoor activities. For each place, please tell me whether you feel that smoking should be: totally banned, allowed in designated areas, or have no restrictions on smoking at all?

Please Read		TB	ADA	NR	DK	REF
a.	Private work places	1	2	3	7	9
b.	Day care centers for children	1	2	3	7	9
c.	Private day care for children within a home	1	2	3	7	9
d.	Restaurants	1	2	3	7	9
e.	Bars or clubs	1	2	3	7	9
f.	Other Public Places	1	2	3	7	9

## Module 10: Hand Washing

The last few questions deal with hand washing.

1. To the following questions please answer very important, somewhat important, or not important. How important is it that a person wash their hands:

	VI	SI	NI	DK	REF
a. After using the toilet?	1	2	3	7	9
b. After handling raw meat?	1	2	3	7	9
c. After working outdoors?	1	2	3	7	9
d. Before eating?	1	2	3	7	9
e. After reading the newspaper?	1	2	3	7	9
f. Before preparing food?	1	2	3	7	9

2. After using the toilet, how often do you wash your hands with soap and water?

Would you say: **Please Read**

a. Always	1
b. Nearly Always	2
c. Sometimes	3
d. Seldom	4
<b>or</b>	
e. Never	5
Don't know/Not sure	7
Refused	9

If the respondent has no children between the ages of 5 and 17 then  
Go to Q. 4 (p. 61)

3. After the oldest child in your household, between the ages of 5 and 17, uses the toilet, how often do they wash their hands with soap and water?

Would you say: **Please Read**

- |                     |   |
|---------------------|---|
| a. Always           | 1 |
| b. Nearly Always    | 2 |
| c. Sometimes        | 3 |
| d. Seldom           | 4 |
| <b>or</b>           |   |
| e. Never            | 5 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

4. Besides meals prepared for yourself and your family, do you prepare or handle food to be eaten by other persons on a regular basis?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

5. During the past three months, have you had diarrhea with at least three loose stools in a single day?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**Module 11: Cardiovascular Disease**

Has a doctor ever told you that you had any of the following?

<b>Please Read</b>	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
1. Heart attack or myocardial infarction	1	2	7	9
2. Angina or coronary heart disease	1	2	7	9
3. Stroke	1	2	7	9
4. Heart failure	1	2	7	9

**If "No", "Don't Know", "Refused" to Q. 1, Q. 2, Q. 3, and Q. 4 then go to the next module.**

Have you ever had any of the following medical procedures?

<b>Please Read</b>	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
5. Heart bypass surgery	1	2	7	9
6. Angioplasty (balloon surgery)	1	2	7	9

## Module 12: Health of Children

If core questions Q. 41a, Q. 41b, and Q. 41c are all "None" then go to the Next Module.

These next few questions will focus on the health of children.

1. What is the age of the youngest child in your household?

a. Age

Don't Know/Not Sure	7	7
---------------------	---	---

No Children Under Age 18 <b>Go to Next Module</b>	8	8
---	---	---

Refused	9	9
---------	---	---

2. All of our questions will focus on the youngest child who lives in your household. How is the youngest child in your household related to you?

a. Daughter	0	1
-------------	---	---

b. Stepdaughter	0	2
-----------------	---	---

c. Son	0	3
--------	---	---

d. Stepson	0	4
------------	---	---

e. Brother or Stepbrother	0	5
---------------------------	---	---

f. Sister or Stepsister	0	6
-------------------------	---	---

g. Grandson	0	7
-------------	---	---

h. Granddaughter	0	8
------------------	---	---

i. Other	0	9
----------	---	---

Don't Know/Not Sure	7	7
---------------------	---	---

Refused	9	9
---------	---	---

3. Would you say that in general the youngest child's health is:

**Please Read**

- |                     |   |
|---------------------|---|
| a. Excellent        | 1 |
| b. Very Good        | 2 |
| c. Good             | 3 |
| d. Fair             | 4 |
| <b>or</b>           |   |
| e. Poor             | 5 |
| Don't Know/Not Sure | 7 |
| Refused             | 9 |

4. Is the youngest child limited in any way in any activities because of any impairment or health problem?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

5. About how long has it been since the youngest child last visited a doctor for a routine checkup?

**Read only if necessary**

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago                        | 4 |
| Don't know/Not sure                           | 7 |
| Never   | 8 |
| Refused                                       | 9 |

6. Was there a time during the last 12 months when the youngest child needed to see a doctor, but could not because of the cost?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
7. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if the youngest child is sick or you need advice about the youngest child's health
- |                        |   |
|------------------------|---|
| a. Yes                 | 1 |
| b. More than one place | 2 |
| c. No                  | 3 |
| Don't Know/Not Sure    | 7 |
| Refused                | 9 |
8. Does the youngest child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- |  |   |
|--|---|
| a. Yes                                 | 1 |
| b. No <b>Go to Q. 10</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 11</b> | 7 |
| Refused <b>Go to Q. 11</b>             | 9 |

9. What type of health care coverage do you use to pay for most of the youngest child's medical care?

Is it coverage through: **Please Read**

- |    |   |                    |     |
|----|---|--------------------|-----|
| a. | Your employer   | <b>Go to Q. 11</b> | 0 1 |
| b. | Someone else's employer   | <b>Go to Q. 11</b> | 0 2 |
| c. | A plan that you or someone else buys on your own                  | <b>Go to Q. 11</b> | 0 3 |
| d. | Medicare  | <b>Go to Q. 11</b> | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] | <b>Go to Q. 11</b> | 0 5 |
| f. | The military, CHAMPUS, or the VA [or CHAMP-VA]                    | <b>Go to Q. 11</b> | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service]   | <b>Go to Q. 11</b> | 0 7 |
| h. | Some other source   | <b>Go to Q. 11</b> | 0 8 |
|    | None  | <b>Go to Q. 10</b> | 8 8 |
|    | Don't know/Not sure   | <b>Go to Q. 11</b> | 7 7 |
|    | Refused   | <b>Go to Q. 11</b> | 9 9 |

**Do not  
read these  
responses**

10. There are some types of coverage you may not have considered.  
Please tell me if the youngest child may have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] or	0 7
	h. Some other source	0 8
Do not read these responses	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

11. Did anyone in this household get food stamps at any time during the last 12 months?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

**Module 13: Injury Prevention**

1. Which of the following best describes whether you have a smoke detector in your home? Is it:

- |  |                          |   |
|--|--------------------------|---|
| a. I don't have a smoke detector                                       | <b>Go to Next Module</b> | 1 |
| b. I have an installed and working smoke detector                      |                          | 2 |
| c. I have a smoke detector, but it is not installed                    |                          | 3 |
| d. I have a smoke detector, but it is broken or the battery is missing |                          | 4 |
| <b>or</b>  |                          |   |
| e. I have a smoke detector but do not know if it works                 |                          | 5 |
| Don't know/Not sure  |                          | 7 |
| Refused  |                          | 9 |

2. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Within the past month (0 to 1 month ago)     | 1 |
| b. Within the past 6 months (1 to 6 months ago) | 2 |
| c. Within the past year (6 to 12 months ago)    | 3 |
| d. One or more years ago                        | 4 |
| e. Never  | 5 |
| f. No smoke detectors in home                   | 6 |
| Don't know/Not sure                             | 7 |
| Refused   | 9 |

## Module 14: Violence and Crime

These next few questions deal with violence or crime.

1. How afraid are you to leave your home at night? Would you say:

**Please Read**

- a. Very afraid .....1
- b. Somewhat afraid .....2
- c. A little afraid .....3
- or**
- d. Not afraid .....4
- DON'T KNOW/NOT SURE .....7
- REFUSED .....9

2. When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)?

**Read Only if Necessary**

- a. Within the past week .....1
- b. Within the past month .....2
- c. Within the past year .....3
- d. One or more years ago .....4
- e. Never .....5
- DON'T KNOW/NOT SURE .....7
- REFUSED .....9

3. During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?

- a. Yes .....1
- b. No .....2
- DON'T KNOW/NOT SURE .....7
- REFUSED .....9

**Module 15: Social Context**

1. How long have you lived at your current address?

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Less than six months (1 to 6 months) | 1 |
| b. Less than one year (6 to 12 months)  | 2 |
| c. Less than two years (1 to 2 years)   | 3 |
| d. 2 or more years                      | 4 |
| Don't know/Not sure                     | 7 |
| Refused                                 | 9 |

2. How many close friends or relatives would help you with your emotional problems or feelings if you needed it?

- |                     |   |
|---------------------|---|
| a. 3 or more        | 1 |
| b. 2                | 2 |
| c. 1                | 3 |
| d. None             | 4 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

3. In the past 30 days, have you been concerned about having enough food for you or your family?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

**Closing Statement**

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in our community. Thank you very much for your time and cooperation.